

## Authorization for Work on NSLS Beamline Safety Systems

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***This section to be completed by Requesting Personnel***

**Date:** \_\_\_\_\_

**Person(s) Requesting Work Authorization:** \_\_\_\_\_

**Beamline Affected:** \_\_\_\_\_

**Date(s) Work Will Be In Progress:** \_\_\_\_\_

**Person(s) Doing Work:** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

\_\_\_\_\_

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***This section to be completed by Safety Personnel***

**Required Safeguard (Lock and Tag or other):** \_\_\_\_\_

**Required Conditions Or Restrictions On Work:** \_\_\_\_\_

\_\_\_\_\_

☐ Check Here If Changes Are Required In Beamline Checklists.

☐ Check Here If Action Is Required By NSLS Beamline Review Committee Or Interlock Working Group.

**Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Safeguard Placed By:** \_\_\_\_\_ **Time/Date:** \_\_\_\_\_

**Authorization Released By:** \_\_\_\_\_ **Time/Date:** \_\_\_\_\_

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**Return To Service or Other Close Out By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Radiation Survey (Beam Conditions and Other Requirements)** \_\_\_\_\_

\_\_\_\_\_

**Survey By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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- Original (White) Copy Of Approved Authorization Must Be Posted At The Work Site.
  - Second (Yellow) Copy Must Be Delivered To The Operations Coordinator On Duty In The Control Room.

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